



# City of Knoxville Road Race Request Form

Office of Special Events • (865) 215-4248 • Fax: (865) 215-4298

Email: [Efrank@knoxvilletn.gov](mailto:Efrank@knoxvilletn.gov)

City County Building • P.O. Box 1631 Suite 578 • Knoxville, TN 37901

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- *Special Events Form and Road Race Request Form must be filed with the Office of Special Events at least 45 days prior to the event. Insurance is required for any event on City of Knoxville property.*
  - *All service requests must be received two weeks before event date. If event needs are not submitted by the two-week deadline the city will NOT be able to assist with your event.*
  - *Any walk or run that takes place in or that crosses a city street requires a certified City of Knoxville Police Officer on site*
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Permit Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_

Proposed Event Date: \_\_\_\_\_ Sponsoring Organization: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship to Organization: \_\_\_\_\_

Second Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship to Organization: \_\_\_\_\_

Will these individuals be present at the event and be in charge? \_\_\_\_\_

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Proposed Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

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## Type of Event

Road Race: \_\_\_\_\_ Run: \_\_\_\_\_ Walkathon: \_\_\_\_\_ Other: \_\_\_\_\_

Description: \_\_\_\_\_

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Expected Number of Participants: \_\_\_\_\_

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**Location of Event:** Where will the start & finish line be?

Start: \_\_\_\_\_

Finish: \_\_\_\_\_

Will you be requesting closure of a road for the start/finish line? \_\_\_\_\_

**Race Route:** \_\_\_\_\_

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Have you prepared a traffic control plan for the above-described route? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a copy to this request. Include location of assembly area and proposed interval between units/divisions. If your event includes vehicles or animals, describe the minimum and maximum speeds and the minimum and maximum intervals of space to be maintained between units.

If the event is to occur at night, on an attached sheet describe how you are going to light the event area(s) in order to increase the safety of participants and spectators coming to and leaving the event.

Describe how you intend to mitigate the impact of this event on businesses, churches, neighbors, motorists, mass transit users and others. (Attach additional sheet if necessary).

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Is your organization requesting permission to use any City property other than streets and sidewalks (e.g. places for refreshment stands)? \_\_\_\_\_

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Please attach a draft of the entry form/release for participants, which must include a release for the City of Knoxville.

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List all city services requested: \_\_\_\_\_

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*\*My signature below indicates my knowledge that I as the event organizer am responsible for the following:*

- You **must** have insurance for your event, in amounts specified by the City of Knoxville Risk Management Division, with the City of Knoxville listed as an additional insured, in place no later than 5 business days prior to the event.
- If your organization wishes to use private property or streets on the University of Tennessee campus, approval must be obtained from property owner and, for UT streets, the UT Police Department. A copy of the approval must be attached to this request.
- It is the responsibility of the event organizer to obtain approval of all necessary road closures and to procure all necessary City services.

Applicant's Signature: \_\_\_\_\_

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